



**ENROLMENT ENQUIRY
CLASS PLACEMENT**

Parent's Name: _____

Child's Surname: _____

Child's First Name: _____ D.O.B. / /

Preferred Name: _____ Male/Female

Child's Residential Address: _____

Email Address: _____

Telephone (Home & Mobile) _____

Child's Current School /

Pre-School: _____

Current Year Level: _____ Current Report Provided: YES / NO

Student Disability: _____

Student Disability I.D. No: _____ Level of Funding: 1 2 3 4 Amount: \$.....

Specialist Reports Attached: Please tick (✓)

- Psychologist
- Speech Pathologist
- Audiologist
- Occupational Therapist
- Paediatrician
- General Practitioner
- Police
- TAC
- Other

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Reason(s) for Transfer: _____

Requested start date: _____

OFFICE USE ONLY:	Enrolment Accepted: Commencement Date: Principal Signature: Date: Class:	YES / NO
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